

Typed Name

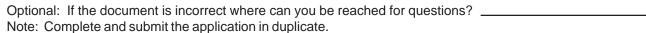
STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1.	. The name of the limited liability partnership is:	
2.	If previously filed a statement of partnership, the name used in that statement is:	
	The date it was filed with the Idaho Secretary of State's Office was:	
3.	The street address of the limited liability partnership's chief executive office is:	
4.	If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:	
5.	The mailing address for future correspondence is:	
6.	The above-named partnership elects to be a limited liability partnership.	
7.	Future effective date (optional):	
8.	Signature of at least 2 partners:	
	1)	Secretary of State use only
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	2)	Revised
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	3)	s/xquallp.p65

INSTRUCTIONS



- 1. Line 1 Enter the name of the Limited Liability Partnership. Pursuant to Idaho Code § 53-3-1002, the name of the registered limited liability partnership must end with the words Registered Limited Liability Partnership, Limited Liability Partnership or an abbreviation, such as L.L.P., R.L.L.P., LLP, or RLLP
- 2. Line 2 If a statement of partnership authority was previously filed with the Secretary of State's Office enter the name on such statement and the date it was filed.
- 3. Line 3 Enter the street address of its chief executive office (not a PO Box or Personal Mail Box)
- 4. Line 4 If the partnership does not have an office in this state, the name and street address of its registered agent in Idaho (not a PO Box or Personal Mail Box). The registered agent is the person who will receive service of process upon litigation. This person must be located in Idaho at a physical address.
- 5. Line 5 The mailing address to which you would like future correspondence to be sent from the Secretary of State's Office.
- 6. Line 7 You may enter a future effective date. If no date is indicated the effective date is the date of filing.
- 7. Line 8 Requires the signature of at least 2 partners of the limited liability partnership. The partners must be identified by typing his/her name beneath the signature.
- 8. Enclose the appropriate fee:
 - a. If the application is typed the fee is \$100.00.
 - b. If the application is not typed or a non standard form is used, the fee is \$120.00.
 - c. If expedited service is requested, add \$20.00 to the filing fee.
 - d. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.
- 9. Mail or deliver to:

Office of the Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

10. If you have questions or need help, call the Secretary of State's Office at (208) 334-2301.